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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ITIZENS FOR RESTORING USA 339 Cocoanut Row ADDRESS (number and street) Rear (Check if address is changed) Palm Beach FL 33480 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS RKIGER@EQUESTRIANSFORTRUMP.COM (Check if address is changed) Optional Second E-Mail Address Rkiger@RestoringUSA.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2015 C00575993 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Robert Kiger Type or Print Name of Treasurer Robert Kiger [Electronically Filed] 09 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FFC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	i age 🗲
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Damasa, "
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is ϵ
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		-
CITIZENS FOR F	RESTORING USA	
6. Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
<u> </u>		<u> </u>
Mailing Address		
L		
L	CITY STATE	71D CODE
_		ZIP CODE
Relationship: Connected Or	ganization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Identify books and records.	by name, address (phone number optional) and position of the person in po	ssession of committee
, Robert Kiger		
Full Name	9 Cocoanut Row	
Mailing Address	ear	
	alm Beach FL 33480	
Title or Position	CITY STATE	ZIP CODE
Treasurer		837 4528
Treasurer: List the name and ac any designated agent (e.g., assis	Idress (phone number optional) of the treasurer of the committee; and the nastant treasurer).	ame and address of
Full Name Robert Kiger	,	
of Treasurer		
Mailing Address	9 Cocoanut Row	
Re	ear 	
P	alm Beach FL 33480	
Title or Position	CITY STATE	ZIP CODE
Treasurer		837 - 4528

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories : List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. BB&T	olds accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc. BB&T 151 FI State Rd 7	
safety deposit bo Name of Bank, [Depository, etc. BB&T 151 FI State Rd 7	
safety deposit bo Name of Bank, [Depository, etc. BB&T 151 FI State Rd 7 Wellington CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. BB&T 151 Fl State Rd 7 Wellington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. BB&T 151 FI State Rd 7 Wellington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. BB&T 151 FI State Rd 7 Wellington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. BB&T 151 FI State Rd 7 Wellington CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. BB&T 151 FI State Rd 7 Wellington CITY STATE Depository, etc.	